

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90035 034 \*\*\*\*70.00

DOCUMENT # N94000004970

1. Entity Name

SON RISE CHRISTIAN ACADEMY, INC.

Principal Place of Business

7015 NW 47 TERR  
GAINESVILLE FL 32653

Mailing Address

P O BOX 358262  
GAINESVILLE FL 32635-8262  
US

2. Principal Place of Business

27316 SW 30th Ave.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Newberry, FL 32669

City & State

Zip

32669

Country

US

Country

4. FEI Number

59-3301612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

SPENCE, GEORGIA  
7015 NW 47 TERR  
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Lydia Lee

Street Address (P.O. Box Number is Not Acceptable)

27316 SW 30th Ave.

City

Newberry

FL

Zip Code

32669

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Lydia Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SPENCE, GEORGIA  
STREET ADDRESS 7015 NW 47 TERR  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE VPD ☒ Delete  
NAME SPENCE, DON  
STREET ADDRESS 7015 NW 47 TERR  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE D ☒ Delete  
NAME VAZOULAS, SUSAN  
STREET ADDRESS 5005 NW 71ST PL  
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME Lydia Lee  
STREET ADDRESS 27316 SW 30th Ave  
CITY-ST-ZIP Newberry, FL 32669

TITLE OT ☐ Change ☒ Addition  
NAME Czarniecki, Kathy  
STREET ADDRESS PO Box 1765  
CITY-ST-ZIP Newberry FL 32669-1765

TITLE ☐ Change ☒ Addition  
NAME Susan Hsu  
STREET ADDRESS 6636 SW 81st Terrace  
CITY-ST-ZIP Gainesville, FL 32608-5630

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
Lydia Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

Date

352-472-6037

Daytime Phone #

CR2E037 (9/01)